

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): R-3 Additional Quantities			
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):			
OWNER NAME: NYCTA			
Address: 2 Broadway			
City: New York	State: NY	Zip: 10004	
Contact Name: Jaikaran Dinaram		Telephone: 646 252-3508	
REMOVAL CONTRACTOR: Trio Asbestos Removal, Corp.			
Address: 15-06 129th Street			
City: College Point	Zip: NY	Zip: 11356-0000	
Contact Name: Christopher Horan, President		Telephone: 718-961-4100	
OTHER CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact Name:		Telephone:	
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R			
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes			
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)			
Building Name: Sea Beach Line			
Address: 8 Avenue Station thru Bay Parkway Station			
City: Brooklyn	State: NY	County: Kings	
Site Location: Tracks, Manholes & Track Equipment			
Building Size:	# of Floors:	Age In Years: 50 years +	
Present Use: Train Station	Prior Use:		
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy			
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed	
		CAT I	CAT II
Linear Feet	5,218 LF		
Pipes			LnFt: X Ln M:
Surface Area – Square Feet	2,975 SF		SqFt: X Sq M:
Vol. RACM off Facility Component			CuFt: Cu M:
Scheduled Dates Asbestos Removal (mm/dd/yy)	Start Date: 3-7-2016		Complete Date: 3-6-2017
Schedules Dates Demo/Renovation (mm/dd/yy)	Start:		Complete:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56, Site Specific Variance #16-0218 & EPA Dry Removal Variance dated 2/4/16. Methods will include double bagged for disposal purposes.			
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.			
WASTE TRANSPORTER #1			
Name: Asbestos Transportation Company, Inc.			
Address: 2 Moriches Middle Island Road			
City: Shirley	State: NY	Zip: 11967	
Contact Name: Kenny Smith		Telephone: 631-924-5050	
WASTE TRANSPORTER #2			
Name:			
Address:			
City:	State:	Zip:	
Contact Name:		Telephone:	
WASTE DISPOSAL SITE (#1 or #2)			
Name: Minerva Enterprises, Inc.			
Location: 9000 Minerva Road, P.O. Box 709			
City: Waynesburg	State: Ohio	Zip: 44688	
Telephone: 330-866-3435			
IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name:		Title:	
Authority:			
Date of Order (mm/dd/yy):		Date Ordered to Begin(mm/dd/yy):	
FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency(mm/dd/yy):			
Description of the Sudden, Unexpected Event:			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.			
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)			
 Signature of Owner/Operator		<u>3/23/2016</u> Date	
I certify that the above information is correct.			
 Signature of Owner/Operator		<u>3/23/2016</u> Date	

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		CAT I	CAT II	UNIT
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WASTE TRANSPORTER #1

Name: **Asbestos Transportation Company, Inc.**

Address: **2 Moriches Middle Island Road**

City: **Shirley**

State: **NY**

Zip: **11967**

Contact Name: **Kenny Smith**

Telephone: **631-924-5050**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

WASTE DISPOSAL SITE (#1 or #2)

Name: **Minerva Enterprises, Inc.**

Location: **9000 Minerva Road, P.O. Box 709**

City: **Waynesburg**

State: **Ohio**

Zip: **44688**

Telephone: **330-866-3435**

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Signature of Owner/Operator

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